

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

⊠Declaration Submitted OR With Initial

Filing

Declaration

Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		18596-004	
First Named Inventor		Castell	
co	MPL	ETE IF KNOWN	
Application Number	Not yet assigned/		
Filing Date	Not yet assigned		
Group Art Unit	Not yet assigned		
Examiner Name	Not yet assigned		

As a below named inventor, I hereby declare that:							
My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
A PHARYNGOESOPHAGEAL MONITORING SYSTEM.							
the specification of which	(Title of the	e Invention)					
is attached hereto							
OR							
was filed on (MM/DD	MYYY)	as United States App	plication Number o	r PCT Internationa	1		
Application Number	Application Number and was amended on (MM/DD/YYYY) (if applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy	Attached?		
Number(s)	Country	(WIWINDD/1111) Country	Not Claimed	YES	NO		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

[Page 1 of 2]

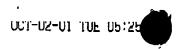
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Customer Numb		28286		OR	Correspo	ondance address below
Name							
Address							
City		State			ZIP		
Country			Teleph	one		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST		A peti	tion has	been file	ed for this	unsigne	d inventor
Given Name D		Family Name CASTELL or Surname				(
Inventor's Signature	Tistel				Date	1/10	hd
Charleston		sc		U.S.A.		ΰ.S.A.	
Residence: City		State		Country	y	Citizen	ship
38 Ashlev Avenue, Unit A,							
Mailing Address							
inclining received		100		29401		U.S.A.	
Charleston	SC				Country		
City		State					
NAME OF SECOND INVEN	ITOR: A	petition has	been file	d for this	unsigne	ed invento	<u>r</u>
Given Name (first and middle [if any])	IRI			ily Name urname	KRAT	OCHVIL	
Inventor's Signature					Date		
Highlands Ranch		Colorado	*	U.S.A.		U.S.A.	
Residence: City		State	,	Countr	У	Citizens	hip
1561 E. Northcrest Drive							
Mailing Address							
Highlands Ranch		Colorado	•	80126		U.S.A.	
City		State		Zip		Country	<u>'</u>
Additional inventors are be	ing named on the	supplementa	al Additiona	Inventor(s) sheet(s)	PTO/SB/02/	A attached hereto.





PTO/89/01 (00:01)

Approved for use Prough 10/31/202. DMS 0661-0032

Approved for use Prough 10/31/202. DMS 0661-0032

Approved for use Prough 10/31/202. DMS 0661-0032

Approved for Use Prough 10/32/2020

Appro DECLARATION — Utility or Design Patent Application Direct all correspondence to: Customer Number Consepondance address below OR or Bor Code Lauci Namo Address State ŻΡ City Fax Telephone Country Thereby dealers that all statements made harein of my own knowledge are true and that all statements made on information and belief are indirect to be true; and further that these statements were made with the knowledge that willful false statements and the fixe so made are punishable by fine or imprisonment, or both, under 19 U.S.C. 1001 and that such walful false statements may paparoize the validity of the application or uny patent Issued thereon. NAME OF SOLE OR FIRST INVENTOR: A polition has been filed for this unsigned inventor Family Name CASTELL Given Name DONALD O. or Surname (jurst and middle [if any]) inventor's Date Signature U.S.A. Citizenship State Residence: City Country Mailing Address City State Zip Country NAME OF SECOND INVENTOR: A pelition has been filed for this unsigned inventor Family Name KRATOCHVIL JIRI Given Name (first and middle (if any)) or Sumame Inventor's 10/2/01 Date Signatura U.S.A. U.S.A. Highlands Ranch Colorado Citizenship State Country flosidonce; City 1561 €. Northcrest Drive Malling Address B0126 A.S.U Highlands Ranch Colorado Country City Zip

[Page 2 of 2]

Additional inventors are being named on the

supplemental Additional Inventor(s) sheet(s) PTO/S0/02A attached hereto.



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

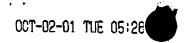
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/970,443			
Filing Date	10/02/2001			
First Named Inventor	Castell			
Group Art Unit	Not yet assigned			
Examiner Name	Not yet assigned			
Attorney Docket Number	18596-004			

<u> </u>							
I hereby appoint: Place Customer							
☑ Practitioners at Customer Number 28286					Number Bar Code Label here		
<i>OR</i> □ Practiti	oner(s) nam	ned below:					
	☐ Practitioner(s) named below: Name Registration Number						
as my/our : Trademark	attorney(s) o	or agent(s) to pros	ecute the application id	entified above,	and to t	transact all business i	n the Patent and
			dress for the above-ider	ntified applicati	on to:		
The a	above-menti	oned Customer N	umber.			Place Customer	
OR Practit	— Numper Bar Code 1						
OR_		<u> </u>					
Firm or Individual Name							
Address							
Address							
City			S	State		ZIP	
Country							
Telephone				Fax		c)	
I am the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name Donald O. Castell							
Signature							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.							
Submit mu	ultiple forms	s if more than one	signature is required,	see below*.			
★Total of two forms are submitted.							

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



FAX NO. 495426

Please type a plus sign (*) linktin mes pex -> +

Approved for use through 10/31/2002. ONB 0031-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Application Number Not yet assigned

POWER OF ATTORNEY OR

PTO/SB761 (02-01)

Approved for use through 10/31/2002. ONB 0031-00326

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Application Number Not yet assigned

POWER OF ATTORNEY OR

POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT

Filing Date Not yet assigned
First Named Inventor Castell
Group Art Unit Not yet assigned
Examiner Name Not yet assigned
Attorney Docket Number 18596-004

	Attorney Docket Number	18596-004			
I nereby appoint:					
(4) Practitioners at Customer Number 2	8260	Place Customer Number Bar Code Label here			
Practitioner(s) named below:					
Neme	Regial	ration Number			
as my/our attorney(e) or agent(s) to procedute Trademark Offico connected therewith.	the application (dentified above, and	d to transact all business in the Patent and			
Please change the correspondence address	for the above-identified application t	o:			
The above-mentioned Customer Number OR [] Practitioners at Customer Number		Place Oustomer Number Bar Code Label here			
OR					
Firm or					
Individual Namo Address					
Address	arthar Awar Awar	the state of the s			
City	State	ZIP			
Country					
Telephone	Fax				
I am tho:					
☑ Appilcant/Inventor.					
Assignee of record of the entire interest.	See 37 CFR 3.71.				
Certificate under 37 CFR 9.73(e) is enclo					
SIGNAT	URE of Applicant or Assignee of	Record			
Name Jiji Kratochvil					
Signature					
Date 10/2/01					
NOTE: Signatures of all the inventors or assi	gnees of record of the entire inter	est or their representative(s) are required.			
Submit multiple forms if more than one algna	turo is required, see below.				

Studen Hour Statement. This form is estimated to take 3 minutes to complete. Time will very depending upon the needs of the individual case. Any Commercis on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Academic Commissioner for Futents, Washington, DC 20231.

P.02